

**RECEIVED
CENTRAL FAX CENTER****FENWICK & WEST LLP**

SEP 01 2004

Silicon Valley Center • 801 California Street • Mountain View, CA 94041
Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com**FACSIMILE TRANSMISSION****CONFIDENTIAL**DATE: September 1, 2004

CLIENT NO.: 19502

To:

NAME	FAX No.	PHONE No.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM: Brian M. Hoffnail, Reg. No. 39,713 **PHONE:** (415) 875-2484

NUMBER OF PAGES WITH COVER PAGE: 9

ORIGINAL WILL NOT FOLLOW

MESSAGE:

Attached are Requests for Withdrawal as Attorney or Agent in the following applications:

09/333,724
10/071,797
09/538,602
09/334,131
09/843,614
09/754,650
10/652,850**CAUTION - CONFIDENTIAL**

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL Larisa Burshteyn AT (650) 943-5373 AS SOON AS POSSIBLE.


19502/01000/SF/5127768.1


RECEIVED
CENTRAL FAX CENTER

SEP 01 2004

0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	N/A
TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)		Filing Date	N/A
		First Named Inventor	N/A
		Examiner	
		Group Art Unit	
Total Number of Pages In This Submission	8	Attorney Docket Number	

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos. 09/333,724 10/071,797 09/538,602 09/334,131 09/843,614 09/754,650 10/652,850 _____ _____ _____ _____ _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Brian Hoffman, Reg. No. 39,713	Dated:	September 1, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Brian Hoffman	Dated:	September 1, 2004
Facsimile Number:	1-703-872-9306		